

Case Number:	CM13-0061468		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2010
Decision Date:	04/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the cervical spine on May 10, 2011, reportedly interpreted as normal, per the claims administrator; attorney representation; CT scan of the head of December 18, 2010, read as negative; CT scan of cervical spine of December 18, 2010, also read as negative; MRI of the cervical spine of May 10, 2011, also interpreted as negative; and unspecified amounts of chiropractic manipulative therapy over the life of the claim. In a Medical Legal Evaluation of July 15, 2013, an evaluating psychiatrist notes that the applicant apparently tried to overdose on medications in May 2013. The applicant ultimately was hospitalized in a psychiatric facility. A progress note of November 14, 2013 is notable for comments that the applicant reports persistent neck pain, headaches, and shoulder pain, 6-7/10. There is some report of the applicant's neck pain radiating to the right arm. The applicant was reportedly returned to regular duty work on June 7, 2013, it is stated. A cervical MRI, right shoulder x-ray, and MR arthrogram are endorsed. No narrative rationale or commentary as to the need for the test in question is provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Cervical Spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation MTUS: ACOEM, 8, 182

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT scanning is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, it does not appear that the applicant is actively considering or contemplating an invasive procedure. There is no evidence that the applicant in fact has clear evidence of neurologic compromise based on history and physical exam findings. Again, it is reiterated that the applicant does not appear to be a surgical candidate, nor is the applicant considering any kind of surgical remedy or interventional procedure in so far as the cervical spine is concerned. MRI imaging is not indicated in this context. Therefore, the request is not certified, on Independent Medical Review.